

FOR OFFICE USE ONLY		
Case No.:		
Date Submitted:		

PUBLIC IMPROVEMENT PERMIT (PIP) APPLICATION

	MINIMUM SUBMITTAL REQUIREMENTS			
Attach 4 copies of a fa Location, identification, a Location of all proposed i Location of all public utilit	\$150 PIP permit application and review fee Attach 4 copies of a facility layout plan, which may include the following: Location, identification, and dimensions of ROW and pavement edge/curb) Location of all proposed improvements Location of all public utilities (existing) - dimensioned from right-of-way or back of curb, material, size			
If applicable, the facility	-	ude the following		
Drainage and/or erosionProposed waterway alter	dimensions of sign(s), lo control plan ations with supporting d	rainage report plantings (existing and proposed, both common names		
☐ The cost estimate for rele	ocating any public faciliti	es associated with the work		
 □ An electrical plan □ Irrigation/Plumbing plan (must be sealed) □ A Structural plan showing details with anchoring, attachment, and material description (must be sealed) □ Private utility, plan-dimensioned from right-of-way or back of curb, material, size ■ Attach one copy of the following: □ Indemnity agreements from abutting fee owners 				
APPLICANT/PROJECT MANAGE	R'S INFORMATION (Party i	responsible for completion of all work associated with the project):		
Name		E-Mail		
Street Address				
		Zip Code		
		Fax Number		
DADTY DEODONOID E EOD MAN		_ I ax indiliber		
PARTY RESPONSIBLE FOR MAI		oup, please provide information for contact person):		
Name	NTENANCE (if party is a gro	oup, please provide information for contact person):		
	NTENANCE (if party is a gro	oup, please provide information for contact person): E-Mail		
Name Street Address	NTENANCE (if party is a gro	oup, please provide information for contact person): E-Mail		
Name Street Address City	NTENANCE (if party is a gro	oup, please provide information for contact person): E-Mail		
Name Street Address City	NTENANCE (if party is a gro	E-Mail Zip Code		
Name Street Address City Phone Number	NTENANCE (if party is a gro	E-Mail Zip Code Fax Number		
Name Street Address City Phone Number IDENTIFY THE FOLLOWING: The total valuation of the wor	NTENANCE (if party is a gro	E-Mail Zip Code		
Name Street Address City Phone Number IDENTIFY THE FOLLOWING: The total valuation of the wor	NTENANCE (if party is a grown state State state stage: \$	E-Mail Zip Code Fax Number		
NameStreet Address City Phone Number IDENTIFY THE FOLLOWING: The total valuation of the wor The total valuation of the sign Estimated cost of future relocations.	NTENANCE (if party is a grown state State state state state state cation of improvements:	E-Mail Zip Code Fax Number		

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IDENTIFY THE TYPE OF WORK TO BE PERFORMED:

	Awning	Structural Contractor:	
	Benches	Number of Benches	
	Bike racks	Number of Bike Racks:	
	Cafe	*Structural Contractor:	
	Canopy	*Structural Contractor:	
	Demolition	Structural Contractor:	
	Electrical	Master Electrician:	
	Facade	Structural Contractor:	
	Irrigation system	State Licensed Irrigator:	
	Landscaping	*Landscape Architect/Company:	
	Masonry fence	*Structural Contractor:	
	Sign(s)	*Sign Contractor:	
	Waterway Alterations	Design Engineer:	
	Wood fence	*Structural Contractor:	
	Other (please describe):	Identify party to perform this work:	
the I hereb I unde	e work - contact applicable Cit by verify that the information constand that the City has the a	uire that structural contractors, sign contractors, or landscapers perform y Departments for determination ontained in this application is true and complete, to the best of my knowledge. uthority to inspect the work to be conducted within the public right-of-way at permit may be revoked at any time at the discretion of the City Officials.	
Applicant's signature		Date applied	
Condit	ions of Approval:		
Author	ization of City Engineer	Date approved	

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